

## Aram Varjabedian

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**To:** 'david.burns@state.ma.us'; 'Turin, David'; Joyce, Ryan (FWE)  
**Cc:** 'Dow, James' (jdow@town.hull.ma.us) (jdow@town.hull.ma.us); Frank Cavaleri  
**Subject:** SSO - Station 9 - 165 Main Street

Good afternoon.

I am reporting this SSO, which was the result of our setting up and testing of a portable trash pump at Pump Station #9. The spill of approximately 10-15 gallons occurred at approximately 3:30pm. The pump was set up to serve as an emergency back-up pump, since one of the pump station pumps is out of service, due to a broken pump shaft. The release was onto the asphalt parking area. No sewage made it to the storm drain. The required SSO form will follow. Voice Messages were left for the MA DEP, US EPA, and Div of Marine Fisheries.

Please contact me should you have any additional questions.

Aram Varjabedian  
Plant Manager  
Hull Wastewater Treatment Facility  
1111 Nantasket Avenue | Hull, MA 02045  
Phone 781.925.0906 | Fax 781.925.3056 | Cell 339.214.8334  
[www.woodardcurran.com](http://www.woodardcurran.com)



COMMITMENT & INTEGRITY DRIVE RESULTS

16:08 PM  
MSG - @ DEP ans machine  
MSG - @ EPA ans machine  
MSG Dept of Marine Fisheries  
X Ryan Joyce  
pm



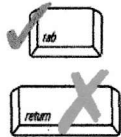
**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**A. Reporting Facility**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Information

HULL WPCF  
Reporting Sewer Authority

MA0101231  
Permit #

2. Authorized Representative Transmitting Form:

ARAM  
First Name  
Project MANAGER  
Title

VARIABEDIAN  
Last Name

1-781-925-0906  
Telephone No.

avarjebadian@wpcfdcurran.com  
E-mail Address

**B. Phone Notifications:**

See DEP Regional Office telephone and fax numbers at the end of this form.

1. MassDEP staff contacted:

DAVID BURNS  
first name

david.burns@state.ma.us  
last name

Date/Time contacted:

7/16/15  
Date

6:08 ☐ am ☒ pm  
Time

2. EPA staff contacted:

DAVID TURIN  
first name

turin.david@epa.gov  
last name

Date/Time EPA contacted:

7/16/15  
Date

6:08 ☐ am ☒ pm  
Time

3. Board of Health contacted:

First Name

Last Name

Date/Time contacted:

Date

Time

☐ am ☐ pm

4. Others notified (select all that apply);

☐ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☒ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager

☐ Other:

Ryan.joyce@state.ma.us  
(specify)

7/16/15 @ 6:08pm

**C. SSO Information**

1. SSO Discovered:

7/16/15  
Date

3:30  
Time

☐ am ☒ pm

By:

ERIC SUTTON + ROBERT ROWLAND

2. SSO Stopped:

7/16/15  
Date

3:31  
Time

☐ am ☒ pm

3. SSO Discharge from:

☐ Sanitary Sewer Manhole

☒ Pump Station

☐ Backup into Property

☒ Other:

through bypass pump being tested.  
(specify)

4. SSO Discharge to:

☒ Ground Surface (no release to surface water)

Asphalt + pavement

☐ Direct to Receiving Water

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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**C. SSO Information (cont.)**

Location: 165 Main St. Hull MA. pump station #9  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: < 20 gallons

Method of Estimating Volume: surface area that got wet shown in picture, free liquid evaporated on surface.

6. Cause of SSO Event:

☐ Rain Event    ☐ Pump Station Failure    ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage:    ☐ Pipe Collapse    ☐ Root Intrusion    ☐ Grease Blockage

☒ Other: testing of portable pump being set up for temporary bypass to force main if needed. Difficulty of  
(Specify)

7. Corrective Actions Taken: priming the pump + backflow through loose cap on pump, when the station pump came on.

Impact Area cleaned and/or disinfected: ☒ Yes    ☐ No

Area cleaned up

Corrective Actions Completed: ☒ Yes    ☐ No

**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

☐ Attachment    ☐ Additional comments below:    ☐ No additional comments or attachments

Additional comments and planned actions:

review station procedures, + develop written S.O.P for temporary  
bypass pump set up + identify all equipment needed, hookups,  
+ valves to be operated + <sup>develop</sup> safeguards so spillage does not occur  
during operation, set up + take down of equipment



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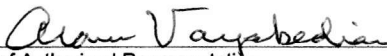
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**E. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
Signature of Authorized Representative

7.24.15  
Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

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**MassDEP Regional Office and EPA Telephone and Fax Numbers:**

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	



